

S49. New evaluations in ageing and dementia

Chairmen: M Philpot, S Kanowski

BEHAVIOURAL ASSESSMENT OF MEMORY IN NORMAL OLD AGE

J.M. Cockburn. *Department of Psychology, University of Reading, Reading, RG6 6AL, UK*

Experimental and anecdotal evidence indicates that both memory capacity and memory processes change with age. However, results from some experimental studies may be confounded by use of inappropriate test material in settings unfamiliar to older adults. In these circumstances, decrements found may not necessarily map onto changes in ability in everyday life.

Recent developments in neuropsychology have demonstrated the role of ecologically valid tests in delineating behaviour relevant to real-life experiences. This paper reports findings from a study of performance on the Rivermead Behavioural Memory Test by 119 people aged 70–94 years. It explores dissociations in subtest performance and identifies correlates that may indicate why some aspects of memory fail faster than others. Comparison will be made with other studies of response to self-report questionnaires and results from a test of everyday memory designed specifically to predict memory impairment associated with old age.

A LONGITUDINAL STUDY OF BEHAVIOUR IN DEMENTIA

R. McShane, T. Hope.. *Section of Old Age Psychiatry, Warneford Hospital, Oxford, OX3 7JX, UK*

The behavioural complications of dementia present major challenges for carers and often contribute to the need for institutional care. There has been little research into the natural history of such 'non-cognitive' problems or into their neuropathological correlates, in contrast to the wealth of information on cognitive decline. This is partly because appropriate instruments have only been recently applied in longitudinal studies.

The Present Behavioural Examination is a detailed, semi-structured interview which was administered longitudinally by trained interviewers to the carers of 98 subjects with dementia. The PBE assesses behaviour in eight domains: physical and mental health, walking, eating, diurnal rhythm, aggression, sexual behaviour, incontinence and other individual behavioural abnormalities. Most items are rated on a seven point scale corresponding to the number of days on which the behaviour is present in the month prior to the interview. Carers and subjects were interviewed at four monthly intervals until death over a period of up to 7 years.

The results of two studies, which use PBE data in different ways, are used to illustrate how measurement of behaviour can be applied to clinical and clinicopathological research. The first study uses longitudinal data to define syndromes of behaviours which appear to cluster together. The second shows how cortical Lewy body pathology is related to psychosis.

S50. Evidence-based psychiatry and the Cochrane collaboration

Chairmen: I Chalmers, S Wessely

EVIDENCE BASED PSYCHIATRY AND THE COCHRANE COLLABORATION

Clive Adams. *Co-ordinating Editor, The Cochrane Schizophrenia Group, University Dept. of Psychiatry, Warneford Hospital, Oxford, UK*

The Cochrane Collaboration is a global organisation producing, maintaining and disseminating systematic reviews of every aspect of health care. This organisation started in 1992 and now has active Centres in Denmark, France, Italy, the Netherlands and the UK. In addition, there are Centres outside Europe — in Australia, Canada, South Africa and the USA. Each of these Centres fosters the work of problem-based groups such as the Cochrane Schizophrenia Group and the Cochrane Depression and Neurosis Group. The Cochrane Schizophrenia Group is based in Oxford, and has already collected and coded 2500 randomised control trials relevant to the care of those with schizophrenia. Reviewers, in Europe and further afield, are not only helping the primary data collection (the identification of relevant trials) but are also producing and maintaining the reviews. These reviews are, in turn, published in electronic form in the Cochrane Library (BMJ Publications). The Cochrane Library will be demonstrated.

META-ANALYSIS USING INDIVIDUAL PATIENT DATA

P. Bech. *Psychiatric Research Unit, Frederiksborg General Hospital, DK-3400 Hillerød*

Meta-analyses based solely on data extracted from published articles have limitation, especially in psychopharmacology where published data are spread to many different journals with very different policies in showing results. There is now a Cochrane Working Group on meta-analysis using individual patient data [1].

In psychopharmacology the most optimal approach to using individual patient data is to use the drug companies' data base of controlled clinical trials for the drug under evaluation. This approach has been used when evaluating serotonin-specific reuptake inhibitors (e.g. citalopram and fluoxetine) and when evaluating selective neuroleptics (e.g. risperidone).

The practical methodology of such meta-analyses will be presented.

[1] Stewart LA, Clache MJ (1995) *Statistics in Medicine*, 14: 2057–2079.

SYSTEMATIC REVIEWS — THEORY AND PRACTICE. SSRI'S AND TRICYCLICS FOR THE TREATMENT OF DEPRESSION

R. Churchill, M. Hotopf, R. Hardy, G. Lewis, C. Normand. *Section of Epidemiology and General Practice, Department of Psychiatry, Institute of Psychiatry, De Crespigny Park, London*

Systematic reviews and meta-analysis have been used to summarise information from disparate intervention studies, mainly randomised controlled trials (RCTs). Although often used interchangeably, systematic reviews and meta-analyses have different aims and objectives. Meta-analysis is a quantitative synthesis of results from pooled trials which is capable of increasing statistical power and thereby